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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously filed statement for the c	alendar year 2007.							
LEGISLATOR INFORMATION								
Name TROY SACKSON	Member of: ☐ House ☐ Senate							
P.O. Dox 221 Fort Kent Me. O	4743 District 1							
City, zip code	Phone							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.								
Name of Employer Address	Principal Type of Economic Activity of Employer							
State of Maine								
James Desjardins Wallagrass	6098inc							
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)								
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.								
Name and Address of Business Entity Major Areas of Econ (self)	Major Areas of Economic omic Activity Activity (partnership, association or similar business entity)							
Name: Address:								
Name: Address;								

PART 2 (continued). INCOME DERIVED (For Legislators who are se							
B. List each source of income derived from self-employment that represer is greater, and specify the principal type of economic activity of the entity of disclosure is prohibited by law, rule, or an established code of professional the entity or person from whom the income was derived.	nts more than 10% of your gross income or \$1,000, whichever or person from whom you derived such income. If this form of all ethics, specify only the principal type of economic activity of						
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income						
Name:							
Address:							
Name:							
Address:							
PART 3. MAJOR AREAS (For Legislators who are altorn	eys-at-law only.)						
List your major areas of practice. If associated with a law firm, list the major	and the control of th						
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)						
Name:							
Address:							
Name:							
Address:							
PART 4. OTHER SOURCE	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 or	of this form. Do not include gifts. If none, check the box.						
None							
Name and Address of Source	Kind of Income (investments, leases, etc.)						
Name:							
Address:							
Name:							
Address:							
PART 5. REPORTABLE	The American State of the Control of						
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list loans from a relative	at you received during the reporting period, and list the major is. If none, check the box						
None							
Name and Address of Creditor	Principal Type of Economic Activity of Creditor						
Name:	·						
Address:	-						
Name:							
Address:							
PART 6. REPORTABLE GIFTS							
List the specific source of each gift of more than \$300. Include gifts with a none, check the box	n aggregate value of more than \$300 from a single source. If						
None							
Name of Source of Gift	Name of Source of Gift						
1.							
2. 4.	*						

PART 7. REPORTABLE HONORARIA						
List the source of any honoraria accepted for appearances or speeches rela	ated to	your of	ficial duties. If none, check the box.			
None		-				
Name of Source of Honoraria		Ņ	lame of Source of Honoraria			
1. 3.						
2. 4.	A ST.	er menergyeristerisch den den den den eren	and the second s			
PART 8. REPRESENTATION BEFO	PRE ST	ATE /	AGENCIES			
List each executive branch agency before which you represented or assist the box.	ted oth	ers for	compensation of any amount. If none, check			
None						
Name of Agency		Association in the second	Name of Agency			
1. 3.			·			
2. 4.			4 1000			
PART 9. BUSINESS WITH ST	A SECTION OF TAXABLE	the same of the				
List each executive branch agency to which you or a member of your imme \$1,000 during the reporting period. If none, check the box.	diate fa	mily so	old goods or services with a value in excess of			
None	***************************************	Andrews				
Name of Agency	egin or agreement access	22. 23.	Name of Agency			
1. 3.	·					
2. 4.		-	10			
PART 10. INCOME RECEIVED BY MEMBE	ERS O	FIMM	EDIATE FAMILY			
List the type of economic activity representing each source of income of \$ (ren) during the reporting period and the kind of income represented. Do no "D" for income received by dependents.	1,000 c ot includ	or more de gifts	e received by your spouse or dependent child Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Received	appro	cle priate ter	Kind of Income			
1.	S	D	And the state of the second of the second se			
2.	S	D.				
3.	S	D				
4.	S	D				
SIGNATURE		<u> </u>				
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	a fine	of \$10	O per business day until the report is filed.			
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.						
If the Commission determines that a Legislator has willfully failed to file a the Legislator shall be presumed to have a conflict of interest on ever question in committee or in either branch of the Legislature, and shall	require	ed state	and shall be precluded from voting on any			
(1 M.R.S.A. § 1019)	not at	.compc	and the state of the question.			
(1 M.R.S.A. § 1019)	not at	/	/2/08			

NAME:			DATE:		
ADDRESS:					##COMMON.WEGO.
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information you	any additional information are providing.	ation below (and on ad-	ditional sheets if needed).	Indicate the part of	or section number for the
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